FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077961 (7)

TRANCE PLANET, INC.

14. I do hereby certify that the information s information indicated on this annual rel I am an officer or director of the corpola appears in Block 12 or Block 13 if cha

SIGNATURE:

Principal Place	n at Rusiness	Mailing Address		······································			
Principal Place of Business Mailing Addres B15 LINCOLN ROAD 815 LINCOLN R MIAMI BEACH FL 33139 MIAMI BEACH F			ROAD			·	
					3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last F 05/01/1996	Report
2, Principal P	ace of Business	2a. Mailing Address			4. FEI Number 65-0612710	 	polied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		ot Applicable Additional
City & State		City & State	27 City & State			ree H	equired
23	,	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country	Zip	Country 30		8. This corporation has liability to	or intangible tax under s	s. 199.032,
24]	9. Name and Address of Curre		30]	······································	Florida Statutes 10. Name and Address of New F		
COE	ER CORPORATE AGENTS, INC		81	Name			
2601 SOUTH BAYSHORE DRIVE			82	Street Add	ress (P.O. Box Number is Not Accepte	able)	
19TH FLOOR MIAMI FL 33133			83				
in w	WI 1 E 00100		-				
			84	City		FL 85 Zip	Code
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat- m familiar with, and accept the oblig	e of Florida. Such change was at	thativad h	v the corneral	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing i ept the appointment as	ts registered registered
SIGNATURE		,		•			
	Signature typed or printed name of registered ap			ent signature requi	red when reinstating)	DATE	
12. TITLE	D OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
NAME	DONENBERG, ROBIN	L) better	1.2 NAME			Change	Addition
STREET ADDRESS	815 LINCOLN ROAD			T ADDRESS			•
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-				
TITLE			2.1 TITLE	31-KH		☐ Change	Addition
NAME	THOMAS, RANDY P		2.2 NAME				
STREET ADDRESS	815 LINCOLN ROAD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	THOMAS, RUSSELL B		3.2 NAME				
STREET ADDRESS	815 LINCOLN ROAD		3.3 STREE	T ADDRESS			
City-\$1-ZiP	MIAMI BEACH FL 33139		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	- 1		Change	Addition
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY+	ST-ZIP			
TITLE NAME		ריין הנינונ	5.1 TITLE			Change	Addition
			5.2 NAME				
STREET ADDRESS			1	T ADDRESS	•		
CITY-ST-ZIP TITLE		DELETE	54 CITY - S	SI-ZIP		Chase	Addition
NAME			6.1 TITLE			L Change	Addition
STREET ADDRESS			62 NAME	T ADDOCCO			
City-St-Zip			64 CITY	T ADDRESS			
O1111-01740	A	1 ()	■ 04 U!! (·)	or≁/IF I			

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the empental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that expirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name